

ALTERNATIVE ENERGY WORKSHOP  
REGISTRATION FORM

Please register me for the workshop on (date): \_\_\_\_\_

Located at: \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Subject: \_\_\_\_\_

School District (*no abbreviations*): \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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FAX: 512/463-7292  
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FOR MORE INFORMATION CALL 1-800/64-CLEAR